

PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number

10/612,239

Filing Date

July 1, 2003

First Named Inventor

KUO, ERIC

Art Unit

3732

Examiner Name

WILSON, JOHN J.

Attorney Docket Number

018563-006700US / AT-00122

**ENCLOSURES (Check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                             |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences      |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):          |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | Return Postcard  |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
|   | <input type="checkbox"/> Landscape Table on CD  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | Remarks   | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

James M. Heslin

Date

November 18, 2005

Reg. No.

29,541

**CERTIFICATE OF TRANSMISSION/MAILING**

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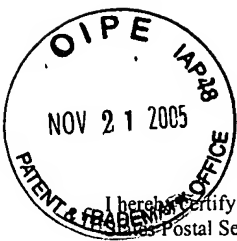
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On November 18, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: JoAnn Evangelista  
JoAnn Evangelista

PATENT

Attorney Docket No.: 018563-006700US

Client Ref. No.: AT-00122

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

ERIC KUO

Application No.: 10/612,239

Filed: July 1, 2003

For: DENTAL APPLIANCE  
SEQUENCE ORDERING  
SYSTEM AND METHOD

Customer No.: 46718

Confirmation No. 3324

Examiner: WILSON, JOHN J.

Technology Center/Art Unit: 3732

**RESPONSE TO RESTRICTION AND  
ELECTION OF SPECIES  
REQUIREMENT  
AND PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed November 1, 2005, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.